

## CHANGE OF CONTACT DETAILS FOR A CERTIFICATE OF SUITABILITY

Date of notification: ...../...../.....

### 1. General Information

Dossier number and substance

CEP ...../ [Substance name] .....

Subtitle (if applicable) .....

*In case the change concerns several CEPs, please list the dossier numbers and substances here:*

CEP ...../ [Substance name] .....

### 2. Details of contact person authorised for communication on behalf of the holder:

*(if contact is part of a company/group different from holder please provide an authorisation letter  
- see Annex 1):*

<b>Title*</b> (Mrs, Mr, Dr)	
<b>First name*</b>	
<b>Family name*</b>	
<b>Job title/Department</b>	
<b>Name of the company*</b>	
<b>Address for correspondence*</b>	
<b>Postcode*</b>	
<b>Town*</b>	
<b>Country*</b>	
<b>Telephone*</b>	
<b>Fax*</b>	
<b>E-mail*</b>	

Fields marked \* are mandatory

**Annex 1**

Template letter of Authorisation

[address of the holder]

[date and place]

**LETTER OF AUTHORISATION**

We, [name of the holder], hereby authorise, [name of the authorised representative], to act as official representative for our Certificate of Suitability for [name of the substance].

Signature